



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
KARL B. KURTZ – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

September 28, 2006

FILE COPY

W. Alan Stevenson
Saint Benedicts Family Medical Center
PO Box 586
Jerome, ID 83338

RE: Saint Benedicts Family Center, provider #131310

Dear Mr. Stevenson:

This is to advise you of the findings of the Medicaid/Medicare Licensure survey of Saint Benedicts Family Center, which was concluded on September 1, 2006.

Enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **October 12, 2006**, and keep a copy for your records.

W. Alan Stevenson
September 28, 2006
Page 2 of 2

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

Handwritten signature of Gary Guiles in black ink.

Gary Guiles
Health Facility Surveyor
Non-Long Term Care

Handwritten signature of Sylvia Creswell in black ink.

SYLVIA CRESWELL
Supervisor
Non-Long Term Care

GG/mlw

Enclosures

ST. BENEDICTS

Family Medical Center

Care of the sick must take priority over everything else, for in them Christ is served

Transmittal

DATE: October
TO: Gary Guiles
FROM: Gail Henderson
ADDRESS: 3232 Elder Street
PO Box 83720
Boise, ID 83720-0036
PHONE NUMBER: 324-0426
REGARDING: Plan of Correction
CAH State Licensure

Gary,

Enclosed is our Plan of Correction.

If you have any questions or require further information, please contact Jill Howell at 324-1122 extension 3201.

RECEIVED

OCT 11 2006

FACILITY STANDARDS

CONFIDENTIALITY NOTICE

The documents accompanying this fax transmission contain information from St. Benedicts Family Medical Center which is confidential and/or privileged. The information is intended for the use of the individual or entity named above. If you are not the intended recipient, please be aware that any disclosure, copying, distribution, or use of the contents of this telecopied information is prohibited. If you have received this fax in error, please notify us by telephone immediately. Arrangements will be made for the retrieval or destruction of the original documents at cost to you.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/28/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/01/2006
NAME OF PROVIDER OR SUPPLIER ST BENEDICT'S FAMILY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 709 NORTH LINCOLN, PO BOX 586 JEROME, ID 83338		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
C 000	INITIAL COMMENTS No deficiencies were cited during the Medicare recertification survey of your hospital. St. Benedicts Family Medical Center is in compliance with 42CFR Part 485: Conditions of Participation for Critical Access Hospitals. Surveyors conducting the recertification were: Gary Guiles, RN, HFS, Team Leader Deb Dore, RN, HFS	C 000			

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OCT 11 2006
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Lee Howell RN

Assistant Admin. Pt. Services

10/6/06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

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B 000	Initial Comments The following deficiencies were cited during the Idaho state licensure survey of your facility. Surveyors conducting the review were: Gary Guiles, RN, HFS, Team Leader Deb Dore, RN, HFS Acronyms used in this report include: ED = Emergency Department	B 000	<p style="text-align: center;">RECEIVED OCT 11 2006 FACILITY STANDARDS</p>	
BB300	16.03.14.370.04 Records 04. Records. Medical records shall be kept on every patient who presents himself for treatment in the emergency room of the hospital. (10-14-88) a. The record shall contain at least the following: (10-14-88) i. Patient identification; and (10-14-88) ii. Time of arrival; and (10-14-88) iii. Description of illness or injury; and (10-14-88) iv. Clinical, laboratory and x-ray findings as appropriate; and (10-14-88) v. Diagnosis, physician orders, medication, and treatment given; and (10-14-88) vi. Condition of patient on discharge or transfer; and (10-14-88) vii. Final disposition and time of day; and (10-14-88) viii. Instructions for follow-up care; and (10-14-88)	BB300		<p>BB300 Medical records are kept on every patient who presents himself for treatment in the Emergency Room of the hospital. The record contains:</p> <p>Patient identification, Time of arrival, Description of illness or injury, Clinical, laboratory and x-ray findings as appropriate, Diagnosis, physician orders, medications, and treatment given, condition of patient on discharge or transfer, final disposition and time of day, instructions for follow-up care, signature of attending physician and nurse for all treatments and medications provided.</p> <p>The time of arrival shall further clarify arrival time to the facility, time of triage, and time to ED for medical screen. The encounter form shall be revised to meet this expectation.</p> <p>The Manager of ED shall ensure form revision is completed and implemented with appropriate training for the</p>

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Assistant Administrator
Patient Services

10/6/06

STATE FORM

6899

IUSD11

If continuation sheet 1 of 4

Bureau of Facility Standards

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BB300	<p>Continued From page 1</p> <p>ix. Signature of attending physician and nurse for all treatments and medications provided. (10-14-88)</p> <p>b. Emergency room records shall be filed with inpatient records when appropriate. (10-14-88)</p> <p>This Rule is not met as evidenced by: Based on review of medical records and hospital policies and staff interview, it was determined the hospital failed to maintain a complete medical record for 3 of 3 sampled patients (#s 12, 26, and 30) who presented to the emergency department and left without being seen by a member of the medical staff. The findings include:</p> <p>1. Three sampled patients (#s 12, 26, and 30) left the ED without being seen by a provider. Examples include:</p> <p>* Patient #12 was a 15 year old girl who presented to the ED on 8/25/06 complaining of diarrhea and stomach pain. The record stated she left against medical advice at 5:20PM. No documentation was present noting what time the patient arrived or whether or not the patient was triaged by a nurse. The record stated "left @1720 AMA. Mother states 'Is it going to be much longer? She was in a lot of pain when we came in. I hope it's nothing serious or you guys will hear about it.' Mother, pt, adult male walked out." The note was written by a nurse but no examination by the nurse or explanation of the risks of leaving were documented.</p> <p>* Patient #26 was a 9 month old male who presented to the ED on 8/13/06. The record stated he left without being seen at 9PM. No documentation was present noting what time the</p>	BB300	<p>admitting staff and ED nursing staff. She shall monitor documentation compliance of the ED medical records including all AMA incidents on a monthly basis.</p> <p>ED Manager shall report monthly compliance to the Quality Management Council. Action plans shall be developed and implemented to ensure compliance is achieved and maintained.</p>	12/1/06

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BB300	Continued From page 2 patient arrived or whether or not the patient was triaged by a nurse. The record stated "Admitting clerk stated Pt's mother walked out with child." The box labeled "ELOPED/AMA" was checked. * Patient #30 was a 9 month old female who presented to the ED on 8/11/06. The record stated she left without being seen at 4:15PM. No documentation was present noting what time the patient arrived or whether or not the patient was triaged by a nurse. The record stated "LWBS" and the time. The person who recorded the information was not listed on the record. 2. The registered nurse on duty in the ED was interviewed on 8/31/06 at 3:30PM. She stated when patients come to the ED a nurse always came out to triage them. She said if the ED was busy the nurse did not always document the results of the triage.	BB300			
BB538	16.03.14.540.01 Infection Control Committee 540. INFECTION CONTROL. The hospital shall develop a plan for the prevention and control of infection with special emphasis on hospital acquired infection. (10-14-88) 01. Infection Control Committee. The hospital shall establish an infection control committee composed of representatives of the medical staff, administration, nursing service, pharmacy services and laboratory. Other appropriate department heads shall be members as needed. (10-14-88) This Rule is not met as evidenced by: Based on review of meeting minutes and staff interview, it was determined the hospital failed to	BB538	BB538 The composition requirement for an Infection Control committee has been reviewed by administration and the Chief of Medical Staff. Current representation has been reviewed and additional assignments made for medical staff, administration, nursing service, pharmacy and laboratory. Other appropriate department heads (such as Environmental Services and Dietary) shall attend as needed. The Chief of Medical Staff has agreed to ensure that a representative from the medical staff shall attend at least quarterly.		

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BB538	Continued From page 3 maintain an infection control committee that included representatives of the medical staff. The findings include: Infection control committee minutes from 1/1/06 through 8/31/06 were reviewed. No physician was documented as present for any meeting occurring in 2006. The Infection Control Nurse was interviewed on 8/31/06 at 9:40AM. She stated a member of the medical staff had not attended a committee meeting in 2006.	BB538	Assistant Administrator for Patient Services is responsible for facilitating the meetings and shall ensure compliance is achieved and maintained. Meetings shall be rescheduled or held more frequently if representation is not available at meeting time. The next Infection Control meeting is scheduled for October 24th at 0730 with two physicians scheduled to attend. Assistant Administrator for Patient Services shall report compliance to the Quality Management Council.	11/1/06